SOMALIA FLOODING: October 30 - January 5, 2014

Response Timeline:
- **Alert:** Flooding
  - 10:00 October 30
    - 16 agencies send survey
  - 10:00 October 31
    - 11 agencies support telecon.
  - 11:00 November 1
    - Application deadline: 4 projects apply
  - 08:00 November 2
    - Project Selection: 2 projects are funded by a regional Committee in Kenya with a budget of £191,268
  - 08:00 November 8
    - Projects start: 1 project begins implementing within 1 day, the other within 14 days
    - *Delays due to fund transfers to local partner and government approval*
  - 08:00 November 16
    - Projects end: 2 projects finish implementing
  - 08:00 January 5
    - Projects report: 2 projects report reaching 19,240 people with £191,047
    - *Deadline extended 5 days to pilot online reporting*

Coverage:
- Relief International
  - Banaaney, Shirkanecco, Doon Gudud, Qurac Ramoole and Ceegal
- Christian Aid
  - Shiniile, Dhiriyoow, Basslaawe, Helakiyow, Hoodle, Qunyo, Bacaad and Qoqani

Inputs by Sector:
- **WaSH** 78.57%
- **Shelter** 12%
- **FSL** 13%
- **Health** 28%
- **Security** 0.27%
- **Transport** 9.10%
- **M&E** 7.4%
- **Management support** 2.03%
- **Logistics & overheads** 2.09%

Breakdown of People Reached:
- **Individuals**
  - Planned: 2,201
  - Actual: 2,031
  - Female 53%
  - Male 47%
- **Activities**
  - Distribution of water containers: 6,800
  - Emergency latrine construction: 6,800
  - Hygiene promotion: 18,800
  - NFIs: 6,800
  - Food vouchers: 7,240
  - Hygiene kits: 12,000
  - Water trucking: 12,000
  - Mobile health outreach: 4,050

Breakdown of Funds Spent:
- **Inputs** 78.57%
- **Transport** 9.10%
- **M&E** 7.4%
- **Security** 0.27%
- **Management support** 2.03%
- **Logistics & overheads** 2.09%

Project Timeline:
- **Needs Assessment**
  - Christian Aid: Before
    - 29-30 Oct
  - Relief International: Before
    - 15 Oct
- **Preparation for implementation**
  - Christian Aid: After
    - 30 Oct
  - Relief International: After
    - 1 Nov
- **Implementation of Start Fund activities**
  - Christian Aid: After
    - 7 Nov
  - Relief International: After
    - 14 Nov

Planned reach from Start Fund activities (36%)
- 17,950
- *Figures refer to number of people assisted*

Affected people reached from Start Fund activities (38%)
- 19,240

Estimated number of people affected by flooding*
- 50,000

*OCHA Humanitarian Bulletin, Somalia (October 2014)
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**Leveraging Resources for Additional Response**

No additional funding was reported by agencies for continuing response.

**Project Details**

<table>
<thead>
<tr>
<th>Funds spent out of funds awarded</th>
<th>£93,180 out of £93,291</th>
<th>£97,977 out of £97,867</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementing Partner</td>
<td>Direct implementation</td>
<td>Pre-existing presence</td>
</tr>
<tr>
<td>Existing presence</td>
<td>Pre-existing partner</td>
<td>Pre-positioned stocks and regional (for water purification tabs and mosquito nets)</td>
</tr>
<tr>
<td>Procurement</td>
<td>Locally (including local markets for vending food vouchers)</td>
<td></td>
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<tr>
<td>Activities</td>
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<tr>
<td>850 households (8,800 individuals) received a water container (20 l), NFI kit (plastic sheets, mat, 3 cooking pots, cups, forks, spoons, 4 plates, kettle, soap, shovel) and food vouchers (25 kg of rice, sugar, and wheat flour, 9 l of oil and 5 kg of beans) for redemption at 5 vendors in local markets</td>
<td>2,000 households (12,000 individuals) in 8 districts received hygiene kits (soap, aqua tabs, water containers, women's sanitary kits, mosquito nets), access to clean water and hygiene training</td>
<td>75% of households reported as having access to safe drinking water</td>
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<tr>
<td>50 volunteers distributed containers, promoted hygiene awareness and conducted community cleaning campaigns in 8 camps</td>
<td>149 water gauge / buzzers installed (12,000 litres each)</td>
<td>4,050 individuals served by mobile health unit (34% of targeted population), including EPI vaccinations</td>
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<tr>
<td>40 emergency latrines constructed</td>
<td>5 hygiene and health education sessions conducted (80% of targeted population), including IHC practices</td>
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<tr>
<td>Open defecation reduced by 85%</td>
<td>12,000 litres each</td>
<td></td>
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<tr>
<td>Households with shelter increased from 220 to 1,070</td>
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<td>Additional Information</td>
<td>The project was significantly delayed beyond the 7 day target due to transfer of funds to the local partner and awaiting government approval for the project. The project was nevertheless finished within 45 days.</td>
<td>The 1% budget is being used to address the critical gaps in staff capacity identified during the intervention (see lessons learned) through participation in an Emergency Programme Management and Logistics Workshop. The staff member being trained will conduct a workshop for field staff following the training and develop mobile surveys for use in subsequent emergencies.</td>
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</table>

**Intervention Summary:**

At the end of October, 2014, heavy rains fell in south-central Somalia in the upper parts of the Shabelle basin along the Somali-Ethiopian border. The Shabelle and Juba rivers overflowed their banks, affecting an estimated 50,000 people, many of whom were displaced. Initial assessments showed WaSH, shelter and food needs.

Although coordination involved government officials, INGOs, local NGOs and UN agencies (including WFP), only three agencies were able to secure funding, two of which were through the Start Fund. Relief International provided WaSH and health support, and Christian Aid’s partner provided WaSH, food and shelter aid. During project planning, Relief International also coordinated the Danish Refugee Council, who provided NFI support.

While one agency began implementing immediately with prepositioned supplies, the other was severely delayed. Slow transfer of funds to the local partner and waiting for government approval delayed the project starting by almost a week. However, since local markets were still functioning, a voucher system ensured vulnerable households received food quickly once begun, and both projects finished within the 45 day target. Both agencies also conducted education sessions while distributing items, including hygiene and health sessions and community cleaning campaigns. Emergency latrines reduced open defecation by 85% in 8 IDP camps. Support went first to the most vulnerable households. Identification included: female-headed households with no access to food, chronically ill or disabled people, displaced families with children under five and elderly members and pregnant and lactating mothers.

One project capitalised on existing leadership structures through elders, religious leaders and local authorities, mobilising over 50 volunteers from the local communities to help field staff distribute NFIs and raise awareness about good hygiene. Both interventions had to reassess their operations, however, when water levels took longer to subside, leaving people displaced in camps longer than expected and limiting supplies from covering all of the needs. Overall, the Start Fund reached 38% of the affected people (19,240 individuals: 38% under 16, 21% over 50, 53% female) and spent 79% of funds on inputs (47% WaSH, 28% FSL, 13% health, 12% shelter). About 76% of those reached received WaSH support.

These projects also took part in a pilot, along with the Nigeria cholera response, to test online reporting.

**Lessons from the Response:**

Preparedness in procurement spelled the difference between rapid and slow response.

- The project that implemented directly was able to begin implementation immediately using prepositioned stocks while procuring the rest of the supplies from Kenya.
- The project that implemented through a partner was severely delayed both because transfer of funds was held up and the local government delayed project approval.

Community mobilisation compensated for delays, accelerating crisis response.

- The project that implemented directly reported that future interventions should mobilise the community to enable collection of supplies from more accessible locations.
- The project that implemented through a partner was able to utilise existing relationships and community structures to mobilise community volunteers to speed up distribution and reach a greater number of people with hygiene campaigns. This also improved identification of the most vulnerable households during beneficiary selection.

Those closer to the crisis know where the greatest needs lie.

- A pop-up committee in Nairobi showed greater contextual knowledge in selecting the best-placed projects for response.
- Committees of women and men in the IDP camps provided a link for the implementing partner to identify the most vulnerable households, find local volunteers, verify satisfaction with the quality of supplies provided and liaise with the communities.

Gaps in effectiveness could be addressed in part through capacity building of lower-level staff.

- External coordination suffered when staff were preoccupied with logistics (eg internal HQ approval, procurement, finance) that could be addressed through training.
- Mid-level staff were granted more responsibility during the onset of the emergency, leaving facility-based field staff without the technical capacity to deliver as quickly.
- Capacity building in mobile data collection is needed to set up survey tools that can improve data quality and collection in real-time, as well as increase information sharing between local and regional staff.